Desi Avallable Copy SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER **AS FILED** AFTER I"AMENDMENT 1 AMENDMENT 1"AMENDALENT 2 HAMENDMENT. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP.

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